

## SAMPLE CHILD CARE AGREEMENT

Welcome to my family child care home. The purpose of this agreement is to define the mutual terms for child care arrangements. Please let me know of any changes of address or telephone and emergency numbers. Parents are welcome to visit at any time during child care hours.

Child's Name \_\_\_\_\_

Parent's Name \_\_\_\_\_

### **Hours and Days of Operation**

Child care services will begin on \_\_\_\_\_, 20 \_\_\_\_\_.

The hours for care will begin at \_\_\_\_\_ and end at \_\_\_\_\_ on the following days:

\_\_\_\_\_

If your child is going to be absent or late, please call in advance.

Child care will not be available on the following holidays: \_\_\_\_\_

My vacation period will be \_\_\_\_\_. You will be responsible for making other child care arrangements.

### **Fees**

\$ \_\_\_\_\_ per week for full time care.

\$ \_\_\_\_\_ per hour for regular part-time care.

\$ \_\_\_\_\_ per hour for drop-in care if space is available.

\$ \_\_\_\_\_ for late payment. This fee will be charged for any time after \_\_\_\_\_ unless special arrangements have been made.

\$ \_\_\_\_\_ per meal. Families are required to bring the appropriate foods for infants under \_\_\_\_\_ months old.

Child care fees are payable in advance and are due no later than \_\_\_\_\_. Fees may be paid: Weekly \_\_\_\_\_ Bi-weekly \_\_\_\_\_ Monthly \_\_\_\_\_

An advance deposit of \$ \_\_\_\_\_ must be paid at the time of enrollment. This amount will be returned when services are terminated.

Fees may be (or may not be) adjusted when services are not available because of illness or vacation.

Child care fees will be paid by: cash \_\_\_\_\_ check \_\_\_\_\_

NOTICE: A two-week written notice is required for any of the following:

1. Termination of the agreement by either party.
2. Increases in child care fees.
3. Vacation periods for both families and provider.

### **Food**

Meals will be: \_\_\_\_\_ prepared by the provider \_\_\_\_\_ brought by family

Meals served will be: \_\_\_\_\_ breakfast \_\_\_\_\_ AM snack \_\_\_\_\_ lunch \_\_\_\_\_ PM snack  
\_\_\_\_\_ supper \_\_\_\_\_ evening snack

Please explain if the child has special dietary needs.

Infants will be fed according to family's instructions. Please update and notify me of any changes in feeding schedules, formulas, and additional foods. **Breast-fed infants need to have an adequate supply of expressed milk in labeled bottles.**

### **Illness**

Please notify me if your child will be absent because of illness. If your child is home for more than \_\_\_\_\_ days, s/he must bring a signed physician's statement when returning to the program.

Please inform me of any contagious disease immediately. All families of children in my care will be notified.

Medication must be labeled and will be administered only if there is a signed permission form from the parent.

If your child becomes ill during care, you will be asked to pick up your child immediately. If you cannot be reached, I will call one of the emergency numbers you have listed. Your child may return to child care when symptoms have gone away. (See Sick Child Care Policy in Chapter 2.)

### **Clothing**

Label your child's clothing and other items with his/her name and bring in some type of storage bag. Supply at least two complete sets of play clothes, outdoor clothing, and the following: \_\_ diapers \_\_ baby wipes \_\_ bibs.

### **Field Trips**

Often we take trips away from my home to help your child learn more about the community. Your permission is needed to allow your child to ride in my car. You will be notified in advance when trips are being planned.

A proper infant seat is required for car travel. \_\_\_\_\_ You or \_\_\_\_\_ I will provide the seat.

I (we) fully understand and agree to the terms of this contract. This agreement may be re-negotiated at any time.

Parent's signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's signature \_\_\_\_\_ Date \_\_\_\_\_

Caregiver's signature \_\_\_\_\_ Date \_\_\_\_\_

**Information About Child**

Please help me know more about your child.

Favorite toys, playthings, or play interests: \_\_\_\_\_  
\_\_\_\_\_

How does he or she communicate? \_\_\_\_\_  
\_\_\_\_\_

Favorite foods: \_\_\_\_\_

Allergies, and/or food restrictions: \_\_\_\_\_  
\_\_\_\_\_

Medications taken regularly: \_\_\_\_\_  
\_\_\_\_\_

Naptimes and routines: \_\_\_\_\_  
\_\_\_\_\_

**Please note:**

**To reduce the risk of Sudden Infant Death Syndrome (SIDS), your baby will be placed on his/her back to sleep (unless I receive a signed permission form stating otherwise from a licensed physician).**

Blanket or special toy: \_\_\_\_\_  
\_\_\_\_\_

General disposition/fears/comforting: \_\_\_\_\_  
\_\_\_\_\_

Favorite songs/games/finger plays: \_\_\_\_\_  
\_\_\_\_\_

Family's guidance approach: \_\_\_\_\_  
\_\_\_\_\_

Brothers and/or Sisters or others in home: \_\_\_\_\_  
\_\_\_\_\_

If your child attends school, please list the name, address and phone number of the school, the teacher's name and the hours the child is in school: \_\_\_\_\_  
\_\_\_\_\_

Additional information which may be helpful in understanding your child, his or her needs, and in making the transition to this child care program easier: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_